ATTACHMENT A INVOICE FOR DAY REPORTING CENTER ENRICHMENT SERVICES

Probation Department 175 West Fifth Street San Bernardino, CA 92415 ATTN: Laura Gonzales AB 1913 Coordinator

DATE_____

HOPE THROUGH HOUSING 8265 Aspen Street, Suite 100 Rancho Cucamonga, CA 91730

MONTH	/YR	\$35 PER MIN	OR PER H	HOUR TO	TAL COST \$
DATE		CLASS	HOURS	# ATTENDED	COST (HOURS X #ATTENDED X \$35)
	1.				
	2.				
	3.				
	4.				
	5.				
	6.				
	7.				
	8.				
	9.				
	10.				
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	12.				
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	14.				
	15.				
	16.				
	17.				
	18.				
	19.				
	20.				
	21.				
	22.				
NAME			TITLE		PHONE

ATTACH SIGN-IN SHEETS FOR EACH CLASS

SIGNATURE____